

# ENERGY ASSISTANCE APPLICATION

The Office of Home Energy Programs will review your application for All MEAP and EUSP programs that apply.

Note: An EUSP Benefit requires that you accept Budget Billing.



PLEASE PRINT ALL INFORMATION

Please complete the front and back of this form. Return completed form to the local OHEP office along with the following:

- Proof of Household's income received in the 30 days prior to the date you sign this application
- Proof of identification, of residence, and Social Security Number
- A current electric bill and /or a current gas bill (if you are responsible for paying heat)

1.	<div><div>Social Security Number</div><div></div></div>	<div><div>Home Phone Number</div><div></div></div>
	<div><div>Name</div><div></div></div>	<div><div>Other Phone Number</div><div><input type="checkbox"/> Cell phone <input type="checkbox"/> Work <input type="checkbox"/> Friend <input type="checkbox"/> Relative</div></div>
	<div><div>Mailing Address</div><div></div></div>	<div><div>Your Street Address</div><div>(If different from your mailing address or if you've moved)</div></div>
	<div><div>City, State, Zip</div><div></div></div>	

(Check One) ☐ Apartment or Multi-Family ☐ Double, Row or Townhouse ☐ Single Family Home ☐ Mobile Home

(Check One) ☐ Homeowner ☐ Renter\* ☐ Roomer/Boarder\*

\*If you rent: ☐ Do you receive reduced rent through Help from HUD or Subsidized Housing (Section 8)? ☐ Yes ☐ No  
Do you Receive Utility Allowance ☐ Yes ☐ No

2. **RENTERS ONLY** Is your heat included in the rent? ☐ Yes ☐ No

Landlord's Name/Apartment Complex: \_\_\_\_\_

Landlord's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone Number: ( ) \_\_\_\_\_

## OFFICE USE ONLY

FED ID/SS#

Date Returned

3. Fill in all spaces below for **ALL** Household members (**List yourself First**):

**TOTAL NUMBER OF HOUSEHOLD MEMBERS IS**\_\_\_\_\_ Total # of household members 18 years and over is \_\_\_\_\_

Please use the following choices for "Race":

1. African-American	4. Asian or Pacific Islander
2. White	5. Native American or Alaskan Native
3. Hispanic	6. Multi-Racial      7. Other

FIRST & LAST NAME	SOCIAL SECURITY NUMBER	BIRTHDATE M/D/Yr	RELATIONSHIP TO APPLICANT	SEX M/F	RACE CODE	American Citizen (YES or NO)	Disabled (Yes or No)	List all Types of Income	30-Day Gross Income
1.		/ /	APPLICANT						
2.		/ /							
3.		/ /							
4.		/ /							
5.		/ /							
6.		/ /							

If there are more persons living in the household, please list them on separate paper.

(Turn Over)

**4. ELECTRIC (EUSP) COMPANY INFORMATION**

SSN NUMBER \_\_\_\_\_

My electric company is \_\_\_\_\_

The name on the account is \_\_\_\_\_ Account Number \_\_\_\_\_

I have a turn-off notice from this company: ☐ Yes ☐ NoMy Service is off now: ☐ Yes ☐ No

☐ YES ☐ NO I would like to participate in USPP. USPP (Utility Service Protection Plan) helps customers prevent a shut off as long as they continue to pay the minimal monthly payment as required by their utility supplier. I understand that I do not have to participate in USPP to receive MEAP benefits and no money will be paid to my account through USPP.

If you have selected an alternate electric supplier, list the name here: \_\_\_\_\_

**5. CHECK ONE BOX BELOW FOR THE MAIN HEATING SOURCE OF YOUR HOME**☐ Electricity ☐ Utility Gas ☐ Propane ☐ Oil ☐ Kerosene ☐ Coal ☐ Wood/Pellets

My Heat supplier or fuel Company is \_\_\_\_\_

The name on the account is \_\_\_\_\_ Account Number \_\_\_\_\_

**UTILITY GAS CUSTOMERS ONLY:**I have a turn-off notice from this company: ☐ YES ☐ NO My service is turned off now: ☐ Yes ☐ NO

☐ YES ☐ NO I would like to participate in USPP. USPP (Utility Service Protection Plan) helps customers prevent a shut off as long as they continue to pay the minimal monthly payment as required by their utility supplier. I understand that I do not have to participate in USPP to receive EUSP benefits and no money will be paid to my account through USPP.

If you have selected an alternative supplier, list the name here: \_\_\_\_\_

**6. Other Information**a. Do you wish to be referred to the Weatherization Assistance Program? ☐ YES ☐ NO

b. Your application will be processed for all eligible benefits. If you're **Not** interested in receiving any of the programs, please check one of the boxes and provide the reasons. Programs: ☐ MEAP ☐ EUSP REASON: \_\_\_\_\_

**7. The applicant or proxy must sign this application before it can be processed.**

I declare that the information provided to Office of Home Energy Programs (OHEP) is true, correct, and complete. I understand that when this application is signed, permission is given: 1) for the OHEP and/or the Office of Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits; (2) for the other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application; and (3) for my gas/electric company or other agency giving a service/benefit to have information on this application given to them and/or received from them. If you checked Yes on question #6-a, we will refer all necessary information to the Weatherization Program.

An appeal can be filed to change the decision on this application or if help is not given in a reasonable time. The appeal must be filed within 15 days of the decision. The local agency will tell me how to file. Free legal advice is available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.



Applicant's Signature

Date

**OFFICE USE ONLY:**

COUNTY	CENTER	DATE RECEIVED	INTAKE WORKER SIGNATURE	DATE
# IN HH	TOTAL INCOME	SUB/HUD <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFIER SIGNATURE	DATE
WORKER'S COMMENTS				
	MEAP	EUSP BILL ASSISTANCE	EUSP ARREARAGE	MEAP CRISIS CODE
ANNUAL USAGE				POVERTY LEVEL
BENEFIT AMOUNT				
DENIAL CODE				